

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10578,453

FILING DATE

5-5-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8	1					
9		1				
10	1					
11		1				
12		1				
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49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	15	←	←	←	←	←
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						